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HYDROCARBON RECYCLERS  
WICHITA, KS  
EPA ID NO: KSD007246846  
INTERIM STATUS

DOCUMENT DATE	DATE RECEIVED	DUE DATE	AUTHOR	RECIPIENT	DOCUMENT TYPE (EPA FORM NUMBER)	COMMENTS
05/02/90	05/03/90	--	Hydrocarbon Recyclers	KDHE	Revised Part A (3510-1, 3510-3)	Cover letter requested the addition of four drum storage areas, more tank capacity, and listed a solids dryer in the process codes. Additional TC waste codes requested in the cover letter included D018, D019, D021-D029, D032 to D036, D038 to D040, and D043. These waste codes were not listed on either the EPA form 3510-1 or 3510-3.
07/06/90	07/09/90	--	Hydrocarbon Recyclers	KDHE	Revised Part A (3510-1, 3510-3)	Correspondence requested the addition of several waste codes including D036. D036 was not listed on the attached EPA form 3510-3.
07/12/90	Unknown	--	KDHE	Hydrocarbon Recyclers	Approval Letter	KDHE approved additional waste codes for Hydrocarbon Recyclers including U129, U056, and D036.
08/01/90	08/06/90	--	USPC1	EPA	Notification of Intent	Notification that waste codes D018 to D043 would be accepted at the facility and that copies of forms 8700-12 and 8700-23 would be forthcoming.
08/14/90	08/20/90	--	Hydrocarbon Recyclers	KDHE	Revised Part A (3510-1, 3510-3)	Increased drum storage capacity to 170,000 gallons. No D018 to D043 waste codes listed on this submittal.
09/24/90	09/25/90	09/25/90	USPC1	EPA	Revised Part A (3510-3, 3510-1)	Applied to add waste codes D018 to D043. Storage capacity was decreased from 170,000 gallons (09/14/90) to 132,500 gallons (09/24/90). Waste was treated, stored in tanks, the container storage area, or blended for use as a supplemental fuel.
08/20/91	Unknown	09/24/91	EPA	Hydrocarbon Recyclers	LOI/NOD Letter	Deficiencies included failure to indicate land ownership type, whether the submittal was a new application or a revision, failure to list all process codes, and inadequate site maps and drawings. Also noted were requests for additional capacity that may not have been directly related to the TC rule. The receipt date of the LOI/NOD letter is unknown. Due date is assumed to be

  
 R00069763  
 RCRA Records Center

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WICHITA, KS  
EPA ID NO: KS007246846  
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DOCUMENT DATE	DATE RECEIVED	DU <sup>E</sup> DATE	AUTHOR	RECIPIENT	DOCUMENT TYPE (EPA FORM NUMBER)	COMMENTS
/ /	N/A	N/A	PRC	EPA	TCLP Checklist	35 days from the date of the LOI/ROD letter.

AUG 20 1991

CERTIFIED MAIL  
Return Receipt Requested

Mr. Philip H. Grover  
Vice President of Operations  
Hydrocarbon Recyclers, Inc.  
Attn: Catherine Orban  
P.O. Box 9557  
Tulsa, Oklahoma 74157

Re: Hydrocarbon Recyclers, Inc. of Wichita  
2545 New York  
Wichita, KS 67219  
EPA ID No. KSD007246846

Letter of Warning/Notice of Deficiency

Dear Mr. Grover:

This letter acknowledges receipt of the September 24, 1990, amended Part A permit application for Hydrocarbon Recyclers, Inc., Wichita, Kansas, which was required by the Toxicity Characteristic (TC) Rule as prescribed in the March 29, 1990, Federal Register. This facility currently maintains interim status under the Resource Conservation and Recovery Act (RCRA). The amended Part A application addresses newly regulated TC wastes D018 through D036, and D038 through D043 and additional wastes codes F039, U169 and U234. Waste codes D004 through D011, previously listed on the Part A permit application, August 14, 1990, were included on the amended Part A permit application. These wastes are managed in containers and tanks. Tank storage increased from 170,000 gallons reported in the permit application dated August 14, 1990 to 241,000 gallons reported in the most recent amended Part A application dated September 24, 1990. The amended Part A permit application has been reviewed, and the following comments address the areas that require revision or clarification before further action can be taken.

1. The newly listed waste code, U234, appears to be an error on the amended Part A permit application of September 24, 1990. The U-listed wastes codes listed on the August 14, 1990, Part A permit application included U243 but not U234.

2. In accordance with 40 CFR, Section 270.13(f), the Part A permit application must indicate whether the facility is located on Indian land. The 3510-3 form EPA received is difficult to read.

WSTM:RCRA:PRMT:GEVANS:LH:X7658:8-9-91 FILE B:HYDROCAR.LOW

PRMT	PRMT	PRMT	RCRA
EVANS	BARTLEY	HARRINGTON	SANDERSON

3. In accordance with 40 CFR, Section 270.13(g), the Part A permit application must indicate whether the facility is new or existing. While the date of existence is complete, A.(1) is not.

4. In accordance with 40 CFR, Section 270.13(g), the Part A permit application must indicate whether the application is a first application or a revised application. The most recent Part A permit application did not include this information.

5. In accordance with 40 CFR, Section 270.13(i), the Part A permit application must include a description of the processes used for treating wastes. Description of processes T54 and T31 were not included in Item III of the recent submittal to EPA. In addition, the T54 and T31 process codes are incorrect. The revised Part A permit application must include the correct process codes, which are listed in the section titled Process Codes and Design Capacity on EPA Form 3510-23, a copy of which has been enclosed.

6. In accordance with 40 CFR, Section 270.13(1), it is necessary to include a topographic map (or other map if a topographic map is unavailable), which extends one mile beyond the property boundaries of the source and depicts the following facility characteristics and each of its intake and discharge structures; each of its hazardous waste treatment, storage, or disposal facilities; each well where fluids from the facility are injected underground; and those wells, springs, other surface water bodies, and drinking water wells listed in public records in otherwise known to the applicant within 1/4 mile of the facility property boundary. There were no maps addressing drilling wells (public), bodies of water, etc.

7. EPA will only consider Part A modifications which are necessary to comply with the TC Regulations. Part A modifications other than those necessary to comply with TC regulations are subject to the interim status modification regulations of the Kansas Department of Health and Environment. A discussion of the TC waste codes, if any, which necessitate the storage capacity increase must be included. A justification will have to be provided for the increase for consideration by either the EPA or KDHE. The appropriate agency is dependent upon whether the waste requiring the capacity increase is regulated under the TC regulations.

In accordance with Kansas State Regulation, KAR 28-31-4(c)(1), an EPA generator (EPAG) who generates more than 1000 Kg of hazardous wastes per month, including TC wastes, must submit an updated Kansas Department of Health (KDHE), Notification of Hazardous Waste Activity, Form 8700-12 to KDHE when changes or additions of hazardous waste streams occur. Review of the Hydrocarbon Recyclers facility files reveals that Form 8700-12 was not included in the recent submittal. The facility submitted a notification of hazardous waste activity on July 1, 1980 (According to documentation in the files). However, EPA contract personnel were unable to identify form 8700-12 in the records observed.

The request for this information is made pursuant to the authority of Section 3007 of RCRA, 42 United States Code (USC), Section 6927, which allows

the EPA to request certain information for the purpose of determining compliance with the federal hazardous waste regulations.

Hydrocarbon Recyclers, Inc. may, if it desires, assert a business confidentiality claim covering part or all of the information submitted to, or reviewed by, EPA. Such a claim may be made by placing on, or attaching to, the information, at the time of its submittal to, or review by, EPA, a cover sheet with a stamped or printed legend, or other suitable form of notice employing language such as "trade secret", "proprietary", or "company confidential". Allegedly confidential portions of otherwise nonconfidential documents should be clearly identified and may be submitted separately to facilitate identification and handling by EPA. If confidential treatment is sought only until a certain date or until the occurrence of a certain event, the request should so state.

Information submitted for which a claim of confidentiality is made will be disclosed by EPA, only to the extent and by the means authorized by the procedures specified in 40 CFR Part 2, Subpart B. If no such claims are made when information is received by EPA, information may be made available to the public without further notice.

Two copies of a revised Part A, which incorporates the revisions described in the preceding comments and an updated Kansas Department of Health (KDHE), Notification of Hazardous Waste Activity Form 8700-12 must be sent within thirty (30) days of your receipt of this letter to this agency at the letterhead address, Attention: Mr. Gene Evans, RCRA/PRMT. If you have any questions concerning this letter, please contact Mr. Evans of my staff at (913) 551-7731.

Sincerely,

Michael J. Sanderson  
Chief, RCRA Branch  
Waste Management Division

Enclosures

cc: Steve Broslavick, KDHE

# HYDROCARBON RECYCLERS, INC.

WICHITA FACILITY  
2549 N. New York St.  
Wichita, KS 67219  
TLX (316)267-8155  
OFFICE: (316)267-5742

Brenda Clark  
Kansas Department of Health and Environment  
Bureau of Waste Management, Forbes Field  
Topeka, Kansas 66620-0001

May 2, 1990

Dear Ms. Clark

Attached is an updated original of our Part A. There are several important points to note on this application.

1. There are four additional proposed drum storage area. We are still negotiating the feasibility of two of the areas. We felt it would be easier to include these areas (buildings I & J) at this juncture rather than add them later. We do not intend to store any hazardous waste in these buildings until negotiations are complete. We will notify you in writing of the outcome of these negotiations.

2. S01-Drum storage has not changed. A final drum number has not been arrived at due to the negotiations mentioned in item 1 above.

3. S02-Tank storage has been increased to allow for 100,000 gallons of proposed storage for hazardous wastewater.

4. The treatment code of T54-Distillation was chosen to define the wet solids dryer.

5. T31-neutralization was chosen for drum neutralization. We would like to neutralize drums which would otherwise require incineration. Here we would treat the waste so it could go to cement kiln fuel after neutralization.

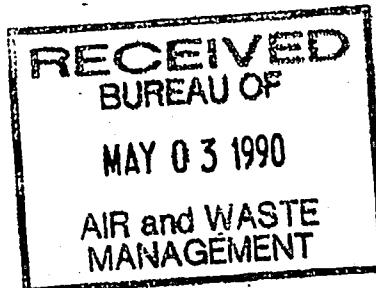
Also for your use, I have attached a copy of the waste codes and their chemical names.

If there are no objections, I will go ahead and accept these EPA waste codes starting 5/8/90 unless I hear from you. The other matters pertaining to storage areas and treatment codes does not require immediate approval. As always please call with questions.

Sincerely,

*Chuck Trombold*

Chuck Trombold  
General Manager



EPA Haz. Code No.	Common Name	EPA Haz. Code No.	Common Name
F001	non-specific	U044	Chloroform
F002	non-specific	U045	Chloromethane
F003	non-specific	U046	Chloromethoxymethane
F004	non-specific	U052	Cresol
F005	non-specific	U057	Cyclohexanone
F006	plating waste	U066	1,2-Dibromo-3-dichloropropane
F019	chem. conversion of Al	U067	1,2-dichloroethane
F024	waste from free-rad. catalyz.	U068	Dibromomethane
F025	filters and aids from F024 process	U070	o-Dichlorobenzene
D001	ignitable	U071	m-Dichlorobenzene
D002	corrosive	U072	p-Dichlorobenzene
D004	Arsenic	U075	Dichlorodifluoromethane
D005	Barium	U076	1,1-Dichloroethane
D006	Cadmium	U077	1,2-Dichloroethane
D007	Chromium	U078	1,1-Dichloroethylene
D008	Lead	U079	1,2-Dichloroethylene
D009	Mercury	U080	Dichloromethane
D010	Selenium	U083	1,2-Dichloropropane
D011	Silver	U084	1,3-Dichloropropane
D018	Benzene (U019)	U108	1,4-Dioxane
D019	Carbon Tetrachloride (U211)	U112	Ethyl acetate
D021	Chlorobenzene (U037)	U117	Ethyl ether
D022	Chloroform (U044)	U121	Trichlorofluoromethane
D023	o-Cresol (U052)	U125	Furfural
D024	m-Cresol (U052)	U127	Hexachlorobenzene
D025	p-Cresol (U052)	U128	Hexachlorobutadiene
D026	Cresol(U052)	U129	Hexachlorocyclohexane
D027	1,4-Dichlorobenzene (U072)	U130	Hexachlorocyclopentadiene
D028	1,2-Dichloroethane(U079)	U131	Hexachloroethane
D029	1,1-Dichloroethylene (U078)	U134	Hydrofluoric Acid
D032	Hexachlorobenzene (U127)	U138	Iodomethane
D033	Hexachloro-1,3-butadiene (U128)	U140	Isobutyl Alcohol
D034	Hexachloroethane (U131)	U151	Mercury
D035	Methyl Ethyl Ketone (U159)	U154	Methanol
D036	Nitrobenzene	U159	Methyl Ethyl Ketone
D038	Pyridine(U196)	U161	Methyl Isobutyl Ketone
D039	Tetrachloroethylene (U210)	U165	Naphthalene
D040	Trichloroethylene (U228)	U169	Nitrobenzene
D043	Vinyl Chloride (U043)	U171	2-Nitropropane
K048	DAF float: Refinery	U184	Pentachloroethane
K049	Slop oil emulsion: Refinery	U196	Pyridine
K050	Heat exchanger bundle sludge: Refinery	U207	1,2,4,5-Tetrachlorobenzene
K051	API Separator sludge: Refinery	U208	1,1,1,2-Tetrachloroethane
K052	Leaded tank bottoms: Refinery	U209	1,1,2,2-Tetrachloroethane
K085	Prod. of Chlorobenzene	U210	Tetrachloroethylene
K086	Prod. of lead or chromium ink	U211	Carbon tetrachloride
U002	Acetone	U213	Tetrahydrofuran
U003	Acetonitrile	U220	Toluene
U004	Acetophenone	U225	Bromoform
U012	Aniline	U226	1,1,1-Trichloroethane
U019	Benzene	U227	1,1,2-Trichloroethane
U029	Bromomethane	U228	Trichloroethylene
U031	1-Butanol	U239	Xylene
U057	Chlorobenzene	U243	Hexachloropropene
U043	Chloroethene	U359	2-Ethoxyethanol

FORM GENERAL	<b>EPA</b>	ENVIRONMENTAL PROTECTION AGENCY <b>GENERAL INFORMATION</b> Consolidated Permits Program (Read the "General Instructions" before starting.)	1. EPA I.D. NUMBER F K S D 0 0 7 2 4 6 8 4 6
LABEL ITEMS		GENERAL INSTRUCTIONS	
II. EPA ID. NUMBER	If a preprinted label has been provided, affix it in the designated space. Review the information carefully. If any of it is incorrect, cross-through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent, the area to the left of the label space lists the information that should appear; please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.		
III. FACILITY NAME			
IV. FACILITY MAILING ADDRESS	PLEASE PLACE LABEL IN THIS SPACE		
V. FACILITY LOCATION			

**II. POLLUTANT CHARACTERISTICS**

**INSTRUCTIONS:** Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)	X			B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	X		
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	X		
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	X		
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)	X			H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	X		
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	X			J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	X		
	15	17	16		19	20	18
	22	23	24		25	26	27
	28	29	30		31	32	33
	34	35	36		37	38	39
	40	41	42		43	44	45

**III. NAME OF FACILITY**

C 1	SKIP	HYDROCARBON RECYCLERS INC. OF WICHITA	69
15 16 - 28 30			

**IV. FACILITY CONTACT**

A. NAME & TITLE (last, first, & title)			B. PHONE (area code & no.)		
C 2	T. ROMBOLD	CHUCK	G E N E R A L	M G R	3 1 6 2 6 7 5 7 4 2
13 15					45 46 - 48 49 - 51 52 - 55

**V. FACILITY MAILING ADDRESS**

A. STREET OR P.O. BOX			B. CITY OR TOWN			C. STATE	D. ZIP CODE	
C 3	2, 5, 4, 9,	N E W ,	Y O R K			K S	6 7 2 1 9	
15 16						41 42	47	51
C 4	W. I. C. H. I. T. A.							
15 16								

**VI. FACILITY LOCATION**

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			B. COUNTY NAME			C. CITY OR TOWN			D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
C 5	2, 5, 4, 9,	N E W ,	Y O R K						K S	6 7 2 1 9	S G
15 16									40 41 42	47	51
C 6	S E D G W I C K										
15 16											

## CONTINUED FROM THE FRONT

## VII. SIC CODES (4-digit; in order of priority)

A. FIRST

7 3 9 9

(specify) SOLVENT RECOVERY

B. SECOND

7  
13 16 17 18

(specify)

C. THIRD

7  
13 16 17 18

(specify)

7  
13 16 17 18

(specify)

D. FOURTH

13 16 17 18

(specify)

13 16 17 18

(specify)

## VIII. OPERATOR INFORMATION

A. NAME	B. Is the name listed in Item VIII-A also the owner?
8 HYDROCARBON RECYCLERS INC. OF WICHITA	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

66

## C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box, if "Other", specify.)

F - FEDERAL M - PUBLIC (other than federal or state)  
S - STATE O - OTHER (specify)  
P - PRIVATE

P (specify)

66

E. STREET OR P.O. BOX	F. CITY OR TOWN	G. STATE	H. ZIP CODE	I. INDIAN LAND
2549 NEW YORK	B WICHITA	K S	6 7 2 1 9	Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

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## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)	D. PSD (Air Emissions from Proposed Sources)
C T I 9 N 13 16 17 18 30	C T I 9 P 13 16 17 18 30
B. UIC (Underground Injection of Fluids)	E. OTHER (specify)
C T I 9 U 13 16 17 18 30	C T I 9 13 16 17 18 30
C. RCRA (Hazardous Wastes)	E. OTHER (specify)
C T I 9 R 13 16 17 18 30	C T I 9 13 16 17 18 30

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

HRI-Wichita blends solvents for beneficial use as cement kiln fuel and recycles dry cleaning solvents. HRI also channels waste solvents, solids, and water to other EPA approved facilities for distillation, beneficial reuse, or disposal.

HRI-Wichita also stores waste solvent, hydrocarbons, paint related wastestreams, solids, corrosive wastestreams, and water based wastestreams.

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME &amp; OFFICIAL TITLE (type or print)

B. SIGNATURE

C. DATE SIGNED

Phillip H Gover, Vice President

*Phillip H Gover*

4-27-90

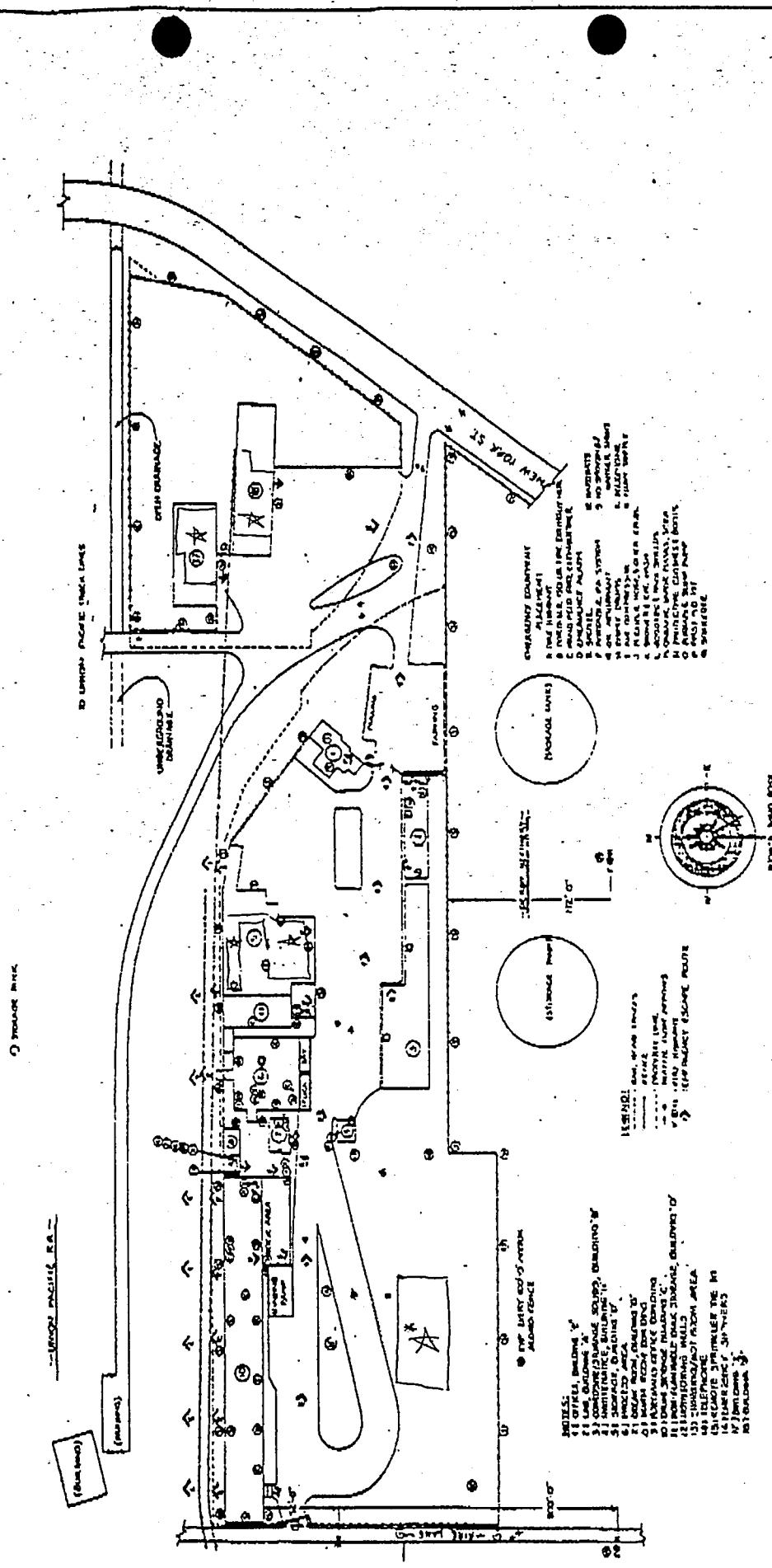
## COMMENTS FOR OFFICIAL USE ONLY

C 13 16 17 18 30	REVERSE
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53

WICHITA, KANSAS

DODGE & COOKSON & ASSOCIATES  
ENGINEERS AND PLANNERS



\* - New tank storage area (proposed)

\* - New drum storage areas (proposed)

HYDROCARBON RECYCLERS INC.

FORM <b>3</b> RCRA	<b>EPA</b>	U. S. ENVIRONMENTAL PROTECTION AGENCY <b>HAZARDOUS WASTE PERMIT APPLICATION</b> Consolidated Permits Program (This information is required under Section 3005 of RCRA.)																																																																																																																																																																																																																																																																																													
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Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.																																																																																																																																																																																																																																																																																															
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<b>III. PROCESSES - CODES AND DESIGN CAPACITIES</b>																																																																																																																																																																																																																																																																																															
A. PROCESS CODE — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code/s in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).																																																																																																																																																																																																																																																																																															
B. PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process.																																																																																																																																																																																																																																																																																															
1. AMOUNT — Enter the amount. 2. UNIT OF MEASURE — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.																																																																																																																																																																																																																																																																																															
<table border="1"> <thead> <tr> <th>PRO- CESS PROCESS</th> <th>APPROPRIATE UNITS OF MEASURE FOR PROCESS CODE</th> <th>DESIGN CAPACITY</th> </tr> </thead> </table>				PRO- CESS PROCESS	APPROPRIATE UNITS OF MEASURE FOR PROCESS CODE	DESIGN CAPACITY	<table border="1"> <thead> <tr> <th>PRO- CESS PROCESS</th> <th>APPROPRIATE UNITS OF MEASURE FOR PROCESS CODE</th> <th>DESIGN CAPACITY</th> </tr> </thead> </table>				PRO- CESS PROCESS	APPROPRIATE UNITS OF MEASURE FOR PROCESS CODE	DESIGN CAPACITY																																																																																																																																																																																																																																																																																		
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Storage:																																																																																																																																																																																																																																																																																															
<small>CONTAINER (barrel, drum, etc.)          TANK          WASTE PILE</small>				<small>S01 GALLONS OR LITERS          S02 GALLONS OR LITERS          S03 CUBIC YARDS OR          CUBIC METERS          S04 GALLONS OR LITERS</small>				<small>Treatment:</small>																																																																																																																																																																																																																																																																																							
								<small>T01 GALLONS PER DAY OR          LITERS PER DAY          T02 GALLONS PER DAY OR          LITERS PER DAY          T03 TONS PER HOUR OR          METRIC TONS PER HOUR;          GALLONS PER HOUR OR          LITERS PER HOUR</small>																																																																																																																																																																																																																																																																																							
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Disposal:																																																																																																																																																																																																																																																																																															
<small>INJECTION WELL          LANDFILL</small>				<small>D79 GALLONS OR LITERS          D80 ACRE-FEET (the volume that          would cover one acre to a          depth of one foot) OR          HECTARE-METER</small>				<small>OTHER (Use for physical, chemical,          thermal or biological treatment          processes not occurring in tanks,          surface impoundments or inciner-          ators. Describe the processes in          the space provided; Item III-C.)</small>																																																																																																																																																																																																																																																																																							
<small>LAND APPLICATION          OCEAN DISPOSAL</small>				<small>D81 ACRES OR HECTARES          D82 GALLONS PER DAY OR          LITERS PER DAY</small>																																																																																																																																																																																																																																																																																											
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<small>GALLONS . . . . .          LITERS . . . . .          CUBIC YARDS . . . . .          CUBIC METERS . . . . .          GALLONS PER DAY . . . . .</small>				<small>LITERS PER DAY . . . . .          TONS PER HOUR . . . . .          METRIC TONS PER HOUR . . . . .          GALLONS PER HOUR . . . . .          LITERS PER HOUR . . . . .</small>				<small>V . . . . .          D . . . . .          W . . . . .          E . . . . .          H . . . . .</small>				<small>ACRE-FEET . . . . .          HECTARE-METER . . . . .          ACRES . . . . .          HECTARES . . . . .</small>																																																																																																																																																																																																																																																																																			
EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.																																																																																																																																																																																																																																																																																															
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<b>LINE NUMBER</b>	<b>A. PRO- CESS CODE (from list above)</b>	<b>B. PROCESS DESIGN CAPACITY</b>				<b>FOR OFFICIAL USE ONLY</b>	<b>LINE NUMBER</b>	<b>A. PRO- CESS CODE (from list above)</b>	<b>B. PROCESS DESIGN CAPACITY</b>				<b>FOR OFFICIAL USE ONLY</b>																																																																																																																																																																																																																																																																																		
		<b>1. AMOUNT (specify)</b>	<b>2. UNIT OF MEA- SURE (enter code)</b>	<b>1. AMOUNT (specify)</b>	<b>2. UNIT OF MEA- SURE (enter code)</b>																																																																																																																																																																																																																																																																																										
X-1	S 0 2	600	G	5																																																																																																																																																																																																																																																																																											
X-2	T 0 3	20	E	6																																																																																																																																																																																																																																																																																											
1	S 0 1	132,500	G	7																																																																																																																																																																																																																																																																																											
2	S 0 2	241,000	G	8																																																																																																																																																																																																																																																																																											
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Continued from the front.

### III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

### IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number/s from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste/s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE
POUNDS	P
TONS	T

METRIC UNIT OF MEASURE	CODE
KILOGRAMS	K
METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

#### D. PROCESSES

##### 1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code/s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code/s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code/s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

ITEM NO. [ ]	A. EPA HAZARD- WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEA- SURE (enter code)	D. PROCESSES			
				1. PROCESS CODES (enter code)		2. PROCESS DESCRIPTION (if a code is not entered in D(1))	
X-1	K 0 5 4	900	P	T 0 3	D 8 0		
X-2	D 0 0 2	400	P	T 0 3	D 8 0		
X-3	D 0 0 1	100	P	T 0 3	D 8 0		
X-4	D 0 0 2						included with above

EPA I.D. NUMBER (enter from page 1)										FOR OFFICIAL USE ONLY																
5	W	K	S	D	O	0	7	2	4	6	8	4	6	TAC	5	W	DUP	TAC	2	DUP						
1															1				13	14	15	13	14	15	23	24
<b>IV. DESCRIPTION OF HAZARDOUS WASTES (continued)</b>																										
W NO. 12	A. EPA HAZARD. WASTE NO. (enter code)		B. ESTIMATED ANNUAL QUANTITY OF WASTE			C. UNIT OF MEA- SURE (enter code)		D. PROCESSES																		
								1. PROCESS CODES (enter)					2. PROCESS DESCRIPTION (If a code is not entered in D(1))													
	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45		
1	F	0	0	1	140,000		P	S	O	1	S	0	2													
2	F	0	0	2	140,000		P	S	O	1	S	0	2													
3	F	0	0	3	220,000		P	S	O	1	S	0	2													
4	F	0	0	4	140,000	X	P	S	O	1	S	0	2													
5	F	0	0	5	220,000		P	S	O	1	S	0	2													
6	F	0	0	6	40,000		P	S	O	1	S	0	2													
7	F	0	1	9	40,000		P	S	O	1	S	0	2													
8	F	0	2	4	40,000		P	S	O	1	S	0	2													
9	F	0	2	5	100,000	X	P	S	O	1	S	0	2													
10	D	0	0	1	2,300,000		P	S	O	1	S	0	2													
11	D	0	0	2	275,000		P	S	O	1	S	0	2													
12	D	0	0	4	60,000		P	S	O	1	S	0	2													
13	D	0	0	5	60,000		P	S	O	1	S	0	2													
14	D	0	0	6	60,000		P	S	O	1	S	0	2													
15	D	0	0	7	60,000		P	S	O	1	S	0	2													
16	D	0	0	8	60,000		P	S	O	1	S	0	2													
17	D	0	0	9	120,000		P	S	O	1	S	0	2													
18	D	0	1	0	60,000		P	S	O	1	S	0	2													
19	D	0	1	1	60,000		P	S	O	1	S	0	2													
20	K	0	4	8	100,000		P	S	O	1	S	0	2													
21	K	0	4	9	100,000		P	S	O	1	S	0	2													
22	K	0	5	0	100,000		P	S	O	1	S	0	2													
23	K	0	5	1	500,000		P	S	O	1	S	0	2													
24	K	0	5	2	100,000		P	S	O	1	S	0	2													
25	K	0	8	5	200,000	X	P	S	O	1	S	0	2													
26	K	0	8	6	200,000		P	S	O	1	S	0	2													

EPA-I.D. NUMBER (enter from page 1)										FOR OFFICIAL USE ONLY									
3 W	K	S	D	O	0	7	2	4	6	8	4	6	1	W	DUP	2	DUP		
1	2													1	2	3	4	5	
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																			
NO. LZ	A. EPA HAZARD WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEA- SURE (enter code)	D. PROCESSES															
				1. PROCESS CODES (enter)					2. PROCESS DESCRIPTION (if a code is not entered in D(1))										
1	U 0 0 2	60,000	P	S	0	1	S	0	2										
2	U 0 0 3	60,000	X	P	S	0	1	S	0	2									
3	U 0 0 4	60,000	X	P	S	0	1	S	0	2									
4	U 0 1 2	60,000	V	P	S	0	1	S	0	2									
5	U 0 1 9	60,000	,	P	S	0	1	S	0	2									
6	U 0 2 9	60,000	X	P	S	0	1	S	0	2									
7	U 0 3 1	60,000	,	P	S	0	1	S	0	2									
8	U 0 3 7	60,000	,	P	S	0	1	S	0	2									
9	U 0 4 3	60,000	X	P	S	0	1	S	0	2									
10	U 0 4 4	60,000	,	P	S	0	1	S	0	2									
11	U 0 4 5	60,000	,	P	S	0	1	S	0	2									
12	U 0 4 6	60,000	X	P	S	0	1	S	0	2									
13	U 0 5 2	60,000	X	P	S	0	1	S	0	2									
14	U 0 5 7	60,000	,	P	S	0	1	S	0	2									
15	U 0 6 6	60,000	X	P	S	0	1	S	0	2									
16	U 0 6 7	60,000	X	P	S	0	1	S	0	2									
17	U 0 6 8	60,000	X	P	S	0	1	S	0	2									
18	U 0 7 0	60,000	,	P	S	0	1	S	0	2									
19	U 0 7 1	60,000	/	P	S	0	1	S	0	2									
20	U 0 7 2	60,000	X	P	S	0	1	S	0	2									
21	U 0 7 5	60,000	X	P	S	0	1	S	0	2									
22	U 0 7 6	60,000	X	P	S	0	1	S	0	2									
23	U 0 7 7	60,000	X	P	S	0	1	S	0	2									
24	U 0 7 8	60,000	X	P	S	0	1	S	0	2									
25	U 0 7 9	60,000	X	P	S	0	1	S	0	2									
26	U 0 8 0	60,000	,	P	S	0	1	S	0	2									



Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

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EPA I.D. NUMBER (enter from page 1)										FOR OFFICIAL USE ONLY																
W	K	S	D	0	0	7	2	4	6	8	4	6	T/A/C	W	DUP	T/A/C	2	DUP								
1	2													1	2		13	14	15	13	14	15	23	24		
<b>IV. DESCRIPTION OF HAZARDOUS WASTES (continued)</b>																										
W EPA NO. LN	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE			C. UNIT OF MEA- SURE (enter code)	D. PROCESSES																				
						1. PROCESS CODES (enter)			2. PROCESS DESCRIPTION (if a code is not entered in D(1))																	
23	-	24	27	-	35	23	-	29	27	-	29	27	-	29	27	-	29	27	-	29	27	-	29			
1	U	2	0	9	60,000	X	P	S	0	1	S	0	2													
2	U	2	1	0	60,000		P	S	0	1	S	0	2													
3	U	2	1	1	60,000		P	S	0	1	S	0	2													
4	U	2	1	3	60,000	X	P	S	0	1	S	0	2													
5	U	2	2	0	60,000		P	S	0	1	S	0	2													
6	U	2	2	5	60,000	X	P	S	0	1	S	0	2													
7	U	2	2	6	60,000		P	S	0	1	S	0	2													
8	U	2	2	7	60,000	X	P	S	0	1	S	0	2													
9	U	2	2	8	60,000		P	S	0	1	S	0	2													
10	U	2	3	9	60,000		P	S	0	1	S	0	2													
11	U	2	4	3	60,000	X	P	S	0	1	S	0	2													
12	U	3	5	9	60,000	X	P	S	0	1	S	0	2													
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## IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

F	K	S	D	0	0	7	2	4	6	8	4	6	TAC
													6

## V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

## VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

## VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, &amp; seconds)

37	43	50 N
----	----	------

LONGITUDE (minutes, minutes &amp; seconds)

97	19	08 W
----	----	------

## VIII. FACILITY OWNER

- A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.
- B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

## 1. NAME OF FACILITY'S LEGAL OWNER

E Hydrocarbon Recyclers, Inc.

2. FACILITY AREA CODE &amp; NO.

918-446-7434

## 3. STREET OR P.O. BOX

F P.O. Box 9557

## 4. CITY OR TOWN

G Tulsa

## 5. STATE

OK

## 6. ZIP CODE

74157

## IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

## A. NAME (print or type)

Philip H. Govey

## B. SIGNATURE

Philip H. Govey

C. DATE SIGNED

4-27-90

## X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

## A. NAME (print or type)

## B. SIGNATURE

C. DATE SIGNED



## VII. SIC CODES (4-digit, in order of priority)

A. FIRST

C	7	3	9	9
7	15	16	17	18

(specify) SOLVENT RECOVERY

B. SECOND

C	7	15	16	17	18
7	15	16	17	18	

C. THIRD

C	7	15	16	17
7	15	16	17	18

(specify)

D. FOURTH

C	7	15	16	17	18
7	15	16	17	18	

(specify)

## VIII. OPERATOR INFORMATION

A. NAME

8 H Y D R O C A R B O N R E C Y C L E R S I N C . O F W I C H I T A

B. Is the name listed in Item VII-A also the owner?

 YES  NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other," specify.)

F - FEDERAL      M - PUBLIC (other than federal or state)  
 S - STATE      O - OTHER (specify)  
 P - PRIVATE

P (specify)

D. PHONE (area code &amp; no.)

C	A	3	1	6	2	6	7	5	7	4	2
15	16	17	18	19	20	21	22	23	24	25	26

E. STREET OR P.O. BOX

2549 NEW YORK

F. CITY OR TOWN

WICHITA

G. STATE

KS

H. ZIP CODE

67219

IX. INDIAN LAND

Is the facility located on Indian lands?

 YES  NO

52

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)

C	T	I	
9	N		
15	16	17	18

D. PSD (Air Emissions from Proposed Sources)

C	T	I	
9	P		
15	16	17	18

B. UIC (Underground Injection of Fluids)

C	T	I	
9	U		
15	16	17	18

E. OTHER (specify)

(specify)

C. RCRA (Hazardous Wastes)

C	T	I	
9	R		
15	16	17	18

E. OTHER (specify)

(specify)

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

HRI-Wichita blends solvents for beneficial use as cement kiln fuel and recycles dry cleaning solvents. HRI also channels waste solvents, solids, and water to other EPA approved facilities for distillation, beneficial reuse, or disposal.

HRI-Wichita also stores waste solvent, hydrocarbons, paint related wastestreams, solids, corrosive wastestreams, and water based wastestreams.

## XIII. CERTIFICATION (see Instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME &amp; OFFICIAL TITLE (type or print)

Phillip H Gover, Vice President

B. SIGNATURE

Phillip H Gover

C. DATE SIGNED

4-27-90

## COMMENTS FOR OFFICIAL USE ONLY

C	1	2	3	4	5	6	7	8	9	10	11
C	1	2	3	4	5	6	7	8	9	10	11

12	13	14	15	16	17	18	19	20	21	22	23
12	13	14	15	16	17	18	19	20	21	22	23

**FORM 3**  
**RCRA**  
**EPA**

**U. ENVIRONMENTAL PROTECTION AGENCY**  
**HAZARDOUS WASTE PERMIT APPLICATION**  
**Consolidated Permits Program**  
*(This information is required under Section 3005 of RCRA.)*

**I. EPA I.D. NUMBER**

F	K	S	D	0	0	7	2	4	6	8	4	6
1	2	3	4	5	6	7	8	9	10	11	12	13

**FOR OFFICIAL USE ONLY**

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)
23	24 8

COMMENTS

**II. FIRST OR REVISED APPLICATION**

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

**A. FIRST APPLICATION** (place an "X" below and provide the appropriate date)

1. EXISTING FACILITY (See instructions for definition of "existing" facility.  
Complete item below.)

C	YR.	MO.	DAY
8	79	6	1
15	73 74	75 76	77 78

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day)  
OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED  
(use the boxes to the left)

2. NEW FACILITY (Complete item below.)

YR.	MO.	DAY
73 74	75 76	77 78

FOR NEW FACILITIES,  
PROVIDE THE DATE  
(yr., mo., & day) OPERA-  
TION BEGAN OR IS  
EXPECTED TO BEGIN

**B. REVISED APPLICATION** (place an "X" below and complete Item I above)

1. FACILITY HAS INTERIM STATUS

2. FACILITY HAS A RCRA PERMIT

**III. PROCESSES - CODES AND DESIGN CAPACITIES**

**A. PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code/s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

**B. PROCESS DESIGN CAPACITY** - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>					
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	Treatment:	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	TANK	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR	SURFACE IMPOUNDMENT	T03	TONS PER HOUR OR METRIC TONS PER HOUR: GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	CUBIC METERS OR GALLONS OR LITERS	INCINERATOR	T04	GALLONS PER DAY OR LITERS PER DAY
<b>Disposal:</b>					
INJECTION WELL	D79	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or inciner- ators. Describe the processes in the space provided; Item III-C.)		
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
<b>UNIT OF MEASURE</b>					
GALLONS . . . . .	G	LITER PER DAY . . . . .	V	<b>UNIT OF MEASURE</b>	
LITERS . . . . .	L	TONS PER HOUR . . . . .	D	ACRE-FEET. . . . .	A
CUBIC YARDS . . . . .	Y	METRIC TONS PER HOUR. . . . .	W	HECTARE-METER. . . . .	F
CUBIC METERS . . . . .	C	GALLONS PER HOUR . . . . .	E	ACRES. . . . .	B
GALLONS PER DAY . . . . .	U	LITERS PER HOUR . . . . .	H	HECTARES. . . . .	Q

**EXAMPLE FOR COMPLETING ITEM III** (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY			FOR OFFICIAL USE ONLY				
		1. AMOUNT (specify)	2. UNIT OF MEA- SURE (enter code)	LINE NUMBER		A. PRO- CESS CODE (from list above)	1. AMOUNT	2. UNIT OF MEA- SURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S 0 2	600	G	5					
X-2	T 0 3	20	E	6					
1	S 0 1	132,500	G	7					
2	S 0 2	241,000	G	8					
3	T 5 4	500	E	9					
4	T 3 1	10	E	10					

Continued from the front.

### III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

### IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number/s from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste/s that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE
POUNDS	P
TONS	T

METRIC UNIT OF MEASURE	CODE
KILOGRAMS	K
METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

#### D. PROCESSES

##### 1. PROCESS CODES:

For listed hazardous wastes: For each listed hazardous waste entered in column A select the code/s from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code/s from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code/s.

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

ITEM NO. 12	A. EPA HAZARD WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEA- SURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	
X-1	K 0 5 4	900	P	T 0 3	D 8 0
X-2	D 0 0 2	400	P	T 0 3	D 8 0
X-3	D 0 0 1	100	P	T 0 3	D 8 0
X-4	D 0 0 2				included with above



EPA I.D. NUMBER (enter from page 1)										FOR OFFICIAL USE ONLY														
W	K	S	D	0	0	7	2	4	6	8	4	6	T/A/C	5	W		T/A/C	2	DUP	13	14	15	23	26
1	2													1	2			2	DUP					
<b>IV. DESCRIPTION OF HAZARDOUS WASTES (continued)</b>										<b>D. PROCESSES</b>														
W Z O J Z	A. EPA HAZARD. WASTE NO (enter code)			B. ESTIMATED ANNUAL QUANTITY OF WASTE			C. UNIT OF MEA- SURE (enter code)			1. PROCESS CODES (enter code)					2. PROCESS DESCRIPTION (if a code is not entered in D(1))									
	23	24	25	26	27	28	29	30	31	27	28	29	30	31	27	28	29	30	31					
1	D	0	2	6	60,000		P	S	0	1	S	0	2	T	5	4								
2	D	0	2	7	60,000		P	S	0	1	S	0	2	T	5	4								
3	D	0	2	8	60,000		P	S	0	1	S	0	2	T	5	4								
4	D	0	2	9	60,000		P	S	0	1	S	0	2	T	5	4								
5	D	0	3	2	60,000		P	S	0	1	S	0	2	T	5	4								
6	D	0	3	3	60,000		P	S	0	1	S	0	2	T	5	4								
7	D	0	3	4	60,000		P	S	0	1	S	0	2	T	5	4								
8	D	0	3	5	60,000		P	S	0	1	S	0	2	T	5	4								
9	D	0	3	6	60,000		P	S	0	1	S	0	2	T	5	4								
10	D	0	3	8	60,000		P	S	0	1	S	0	2	T	5	4								
11	D	0	3	9	60,000		P	S	0	1	S	0	2	T	5	4								
12	D	0	4	0	60,000		P	S	0	1	S	0	2	T	5	4								
13	D	0	4	3	60,000		P	S	0	1	S	0	2	T	5	4								
14	K	0	4	8	100,000		P	S	0	1	S	0	2	T	5	4								
15	K	0	4	9	100,000		P	S	0	1	S	0	2	T	5	4								
16	K	0	5	0	100,000		P	S	0	1	S	0	2	T	5	4								
17	K	0	5	1	500,000		P	S	0	1	S	0	2	T	5	4								
18	K	0	5	2	100,000		P	S	0	1	S	0	2	T	5	4								
19	K	0	8	5	200,000		P	S	0	1	S	0	2	T	5	4								
20	K	0	8	6	200,000		P	S	0	1	S	0	2	T	5	4								
21	U	0	0	2	60,000		P	S	0	1	S	0	2											
22	U	0	0	3	60,000		P	S	0	1	S	0	2											
23	U	0	0	4	60,000		P	S	0	1	S	0	2											
24	U	0	1	2	60,000		P	S	0	1	S	0	2											
25	U	0	1	9	60,000		P	S	0	1	S	0	2											
26	U	0	2	9	60,000		P	S	0	1	S	0	2											

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1).				FOR OFFICIAL USE ONLY														
W	K	S	D	0	0	7	2	4	6	8	4	6	1	W	2	DUP	2	DUP
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																		
ITEM NO. LZ	A. EPA HAZARD WASTE NO. (enter code)		B. ESTIMATED ANNUAL QUANTITY OF WASTE		C. UNIT OF MEA- SURE (enter code)		D. PROCESSES											
							1. PROCESS CODES (enter)			2. PROCESS DESCRIPTION (If a code is not entered in D(1))								
1	U	0	3	1	60,000	P	S	O	1	S	0	2						
2	U	0	3	7	60,000	P	S	O	1	S	0	2						
3	U	0	4	3	60,000	P	S	O	1	S	0	2						
4	U	0	4	4	60,000	P	S	O	1	S	0	2						
5	U	0	4	5	60,000	P	S	O	1	S	0	2						
6	U	0	4	6	60,000	P	S	O	1	S	0	2						
7	U	0	5	2	60,000	P	S	O	1	S	0	2						
8	U	0	5	7	60,000	P	S	O	1	S	0	2						
9	U	0	6	6	60,000	P	S	O	1	S	0	2						
10	U	0	6	7	60,000	P	S	O	1	S	0	2						
11	U	0	6	8	60,000	P	S	O	1	S	0	2						
12	U	0	7	0	60,000	P	S	O	1	S	0	2						
13	U	0	7	1	60,000	P	S	O	1	S	0	2						
14	U	0	7	2	60,000	P	S	O	1	S	0	2						
15	U	0	7	5	60,000	P	S	O	1	S	0	2						
16	U	0	7	6	60,000	P	S	O	1	S	0	2						
17	U	0	7	7	60,000	P	S	O	1	S	0	2						
18	U	0	7	8	60,000	P	S	O	1	S	0	2						
19	U	0	7	9	60,000	P	S	O	1	S	0	2						
20	U	0	8	0	60,000	P	S	O	1	S	0	2						
21	U	0	8	3	60,000	P	S	O	1	S	0	2						
22	U	0	8	4	60,000	P	S	O	1	S	0	2						
23	U	1	0	8	60,000	P	S	O	1	S	0	2						
24	U	1	1	2	60,000	P	S	O	1	S	0	2						
25	U	1	1	7	60,000	P	S	O	1	S	0	2						
26	U	1	2	1	60,000	P	S	O	1	S	0	2						





## IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

E	K	S	D	0	0	7	2	4	6	8	4	6	1	6
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

## V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

## VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

## VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, &amp; seconds)

3	7	4	3	5	0	N
---	---	---	---	---	---	---

LONGITUDE (degrees, minutes, &amp; seconds)

9	7	1	9	0	8	W
---	---	---	---	---	---	---

## VIII. FACILITY OWNER

- A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.
- B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

## 1. NAME OF FACILITY'S LEGAL OWNER

1. PHONE NUMBER (area code &amp; no.)

E Hydrocarbon Recyclers, Inc.

9 1 8 1 4 4 6 7 4 3 4

## 3. STREET OR P.O. BOX

## 4. CITY OR TOWN

6. ZIP CODE

F P.O. Box 9557

G Tulsa

O K 7 4 1 5 7

## IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

## A. NAME (print or type)

Philip H Gove

## B. SIGNATURE

C. AUTHORIZED

4-27-90

## X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

## A. NAME (print or type)

## B. SIGNATURE

D. AUTHORIZED

# HYDROCARBON RECYCLERS, INC.

WICHITA FACILITY  
2549 N. New York St.  
Wichita, KS 67219  
TLX (316)267-8155  
OFFICE: (316)267-5742

Brenda Clark  
Kansas Department of Health and Environment  
Bureau of Waste Management, Forbes Field  
Topeka, Kansas 66620-0001

July 5, 1990

Dear Ms. Clark

This letter confirms our telephone conversation on 6/6/90. I informed you at that time that there were several disparities between the Notification of Hazardous Waste Activity (NHWA) form and the Part A application. The following waste codes need to be added to the NHWA form:

U129      hexachlorocyclohexane  
D036      nitrobenzene  
U056      cyclohexane

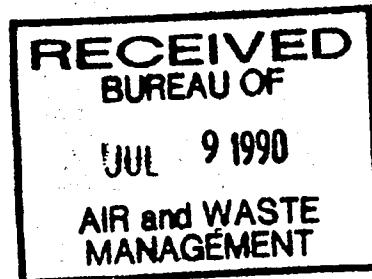
The last code U056 has been added to our Part A application and NHWA per our phone conversation on 7/6/90. This waste code was inadvertently accepted at our facility due to cyclohexane's dual coding. It is also listed as U129 (40 CFR 261.33) which is acceptable at our facility. We have implemented controls to prevent these oversights. Unless advised otherwise we will continue to accept these wastes. As always please call if you have any questions.

Sincerely,

Chuck Trombold  
General Manager

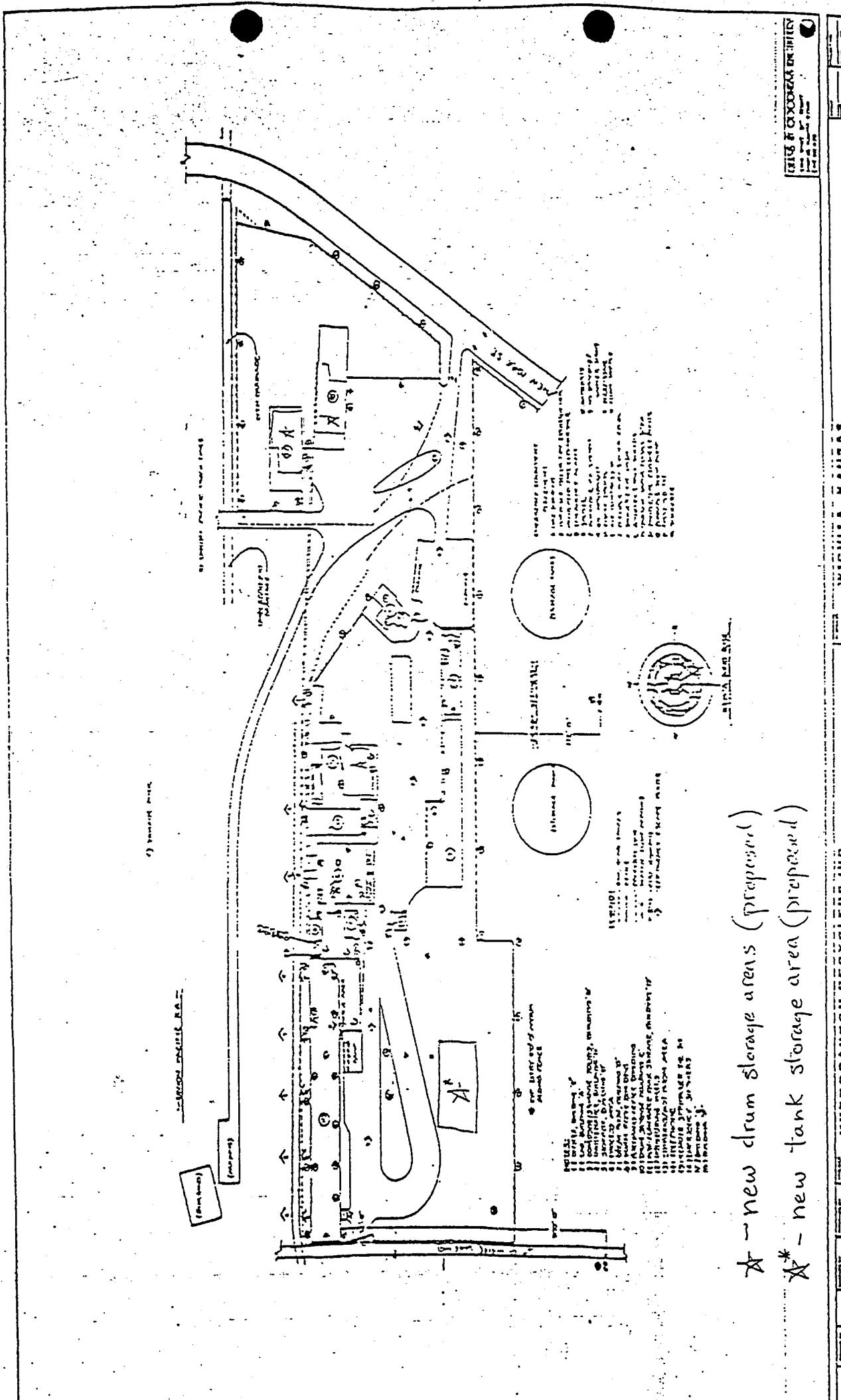
attachments:      Revised Part A  
                        Revised NHWA

cc Cathy Orban-HRI, Tulsa





7 3 9 9 (specify)		B. SECOND	
SOLVENT RECOV			
C. THIRD		D. FOURTH	
(specify)		(specify)	
VIII: OPERATOR INFORMATION			
G. FIRM OR INDIVIDUAL'S FULL NAME			
8 HYDROCARBON RECYCLERS INC. OF WICHITA			
B. Is the name listed in Item VIII also the owner?			
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box if "Other", specify.)			
F = FEDERAL S = STATE P = PRIVATE		D. PHONE (area code & no.)	
P (specify)		E. A # 3 1 6 2 6 7 5 7 4 2	
F. STREET OR P.O. BOX			
2549 NEW YORK			
G. CITY OR TOWN		H. ZIP CODE	
3 WICHITA		K S 6 7 2 1 9	
I. INDIAN LAND			
J. Is the facility located on Indian lands? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
X. EXISTING ENVIRONMENTAL PERMITS			
A. NPDES (Discharges to Surface Waters)		D. PSD (Air Emissions from Processed Sources)	
SINI		19(P)	
B. UIC (Underground Injection of Fluids)		E. OTHER (Specify)	
SIUI		19(I)	
C. RCRA (Hazardous Waste)		E. OTHER (Specify)	
SIRI		19(I)	
XL MAP			
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Indicate all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.			
XII. NATURE OF BUSINESS (Provide a brief description)			
<p>HRI-Wichita blends solvents for beneficial use as cement kiln fuel and recycles dry cleaning solvents. HRI also channels waste solvents, solids, and water to other EPA approved facilities for distillation, beneficial reuse, or disposal.</p> <p>HRI-Wichita also stores waste solvent, hydrocarbons, paint related wastestreams, solids, corrosive wastestreams, and water based wastestreams.</p>			
III. CERTIFICATION (see instructions)			
<p>I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.</p>			
NAME & OFFICIAL TITLE (Type or print)		B. SIGNATURE	
Phillip H. Gover, Vice President			
C. DATE SIGNED		7-6-90	
REMARKS FOR OFFICIAL USE ONLY			
Form 1510-1 (6-80) REVERSE			



\* - new drum storage areas (proposed)

\* - new tank storage area (proposed)

HYDROCARBON RECYCLERS LTD.

WIGUVA, RAJASTHAN

राजस्थान राज्य विकास बोर्ड



Continued from the front.

### III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

### IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER - Enter the four-digit number from 40 CFR, Subpart C for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS.....	P	KILOGRAMS.....	K
TONS.....	T	METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

#### D. PROCESSES

##### 1. PROCESS CODES:

For listed hazardous wastes: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

##### 2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described off the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

W. NO. L2 L2	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEA- SURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (If a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Approved OMB No. 152-S2000

EPA I.D. NUMBER (Enter from page 1): W K S D 0 0 0 7 2 4 6 8 4 6 F 1				FOR OFFICIAL USE ONLY	
		W	DUP	TIN E	2 DUP
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)					
LINE NO. 12	A. EPA HAZARD WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEA- SURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter code)	2. PROCESS DESCRIPTION (If a code is not entered in D(1))
1	F 0 0 1	140,000	P	S 0 1 S 0 2	
2	F 0 0 2	140,000	P	S 0 1 S 0 2	
3	F 0 0 3	220,000	P	S 0 1 S 0 2	
4	F 0 0 4	140,000	P	S 0 1 S 0 2	
5	F 0 0 5	220,000	P	S 0 1 S 0 2	
6	F 0 0 6	40,000	P	S 0 1 S 0 2	
7	F 0 1 9	40,000	P	S 0 1 S 0 2	
8	F 0 2 4	40,000	P	S 0 1 S 0 2	
9	F 0 2 7	100,000	P	S 0 1 S 0 2	
10	D 0 0 0 1	2,300,000	P	S 0 1 S 0 2	
11	D 0 0 0 2	275,000	P	S 0 1 S 0 2	
12	D 0 0 0 4	60,000	P	S 0 1 S 0 2	
13	D 0 0 0 5	60,000	P	S 0 1 S 0 2	
14	D 0 0 0 6	60,000	P	S 0 1 S 0 2	
15	D 0 0 0 7	60,000	P	S 0 1 S 0 2	
16	D 0 0 0 8	60,000	P	S 0 1 S 0 2	
17	D 0 0 0 9	120,000	P	S 0 1 S 0 2	
18	D 0 0 1 0	60,000	P	S 0 1 S 0 2	
19	D 0 0 1 1	60,000	P	S 0 1 S 0 2	
20	K 0 4 8	100,000	P	S 0 1 S 0 2	
21	K 0 4 9	100,000	P	S 0 1 S 0 2	
22	K 0 5 0	100,000	P	S 0 1 S 0 2	
23	K 0 5 1	500,000	P	S 0 1 S 0 2	
24	K 0 5 2	100,000	P	S 0 1 S 0 2	
25	K 0 8 5	200,000	P	S 0 1 S 0 2	
26	K 0 8 6	200,000	P	S 0 1 S 0 2	

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

FOR OFFICIAL USE ONLY					
1	W	DUP	2	DUP	
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)					
1	A. EPA HAZARD WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURES (enter code)	D. PROCESSES	E. PROCESS DESCRIPTIONS (if a code is not entered in D(1))
1	U 0 0 2	60,000	P	S 0 1 S 0 2	
2	U 0 0 3	60,000	P	S 0 1 S 0 2	
3	U 0 0 4	60,000	P	S 0 1 S 0 2	
4	U 0 1 2	60,000	P	S 0 1 S 0 2	
5	U 0 1 9	60,000	P	S 0 1 S 0 2	
6	U 0 2 9	60,000	P	S 0 1 S 0 2	
7	U 0 3 1	60,000	P	S 0 1 S 0 2	
8	U 0 3 7	60,000	P	S 0 1 S 0 2	
9	U 0 4 3	60,000	P	S 0 1 S 0 2	
10	U 0 4 4	60,000	P	S 0 1 S 0 2	
11	U 0 4 5	60,000	P	S 0 1 S 0 2	
12	U 0 4 6	60,000	P	S 0 1 S 0 2	
13	U 0 5 2	60,000	P	S 0 1 S 0 2	
14	U 0 5 6	60,000	P	S 0 1 S 0 2	
15	U 0 5 7	60,000	P	S 0 1 S 0 2	
16	U 0 6 6	60,000	P	S 0 1 S 0 2	
17	U 0 6 7	60,000	P	S 0 1 S 0 2	
18	U 0 6 8	60,000	P	S 0 1 S 0 2	
19	U 0 7 0	60,000	P	S 0 1 S 0 2	
20	U 0 7 1	60,000	P	S 0 1 S 0 2	
21	U 0 7 2	60,000	P	S 0 1 S 0 2	
22	U 0 7 5	60,000	P	S 0 1 S 0 2	
23	U 0 7 6	60,000	P	S 0 1 S 0 2	
24	U 0 7 7	60,000	P	S 0 1 S 0 2	
25	U 0 7 8	60,000	P	S 0 1 S 0 2	
26	U 0 7 9	60,000	P	S 0 1 S 0 2	





## ITEM DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 1.

EPA I.C. NO. (Enter from page 1)

EPA I.C. NO. 01071246846

## V. FACILITY DRAWING

All existing facilities must include in the facility drawing an area or a scale drawing of the facility (see instructions for more detail).

## VI. PHOTOGRAPHS

All existing facilities must include photographs (either air ground-level) that clearly delineate all existing facilities (existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail)).

## VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE DEGREES, MINUTES - SECONDS

31° 43' 15" N

LONGITUDE DEGREES, MINUTES - SECONDS

97° 49' 03" W

## VIII. FACILITY OWNER

- A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", check the "X" in the box to the left and skip to Section IX below.
- B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following:

## 1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NUMBER &amp; AREA NO.

Hydrocarbon Recyclers, Inc.

913-445-1743

## 3. STREET OR P.O. BOX

## 4. CITY OR TOWN

L ZIP CODE

P.O. Box 9557

Tulsa

10K 74157

## IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information contained in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

## A. NAME (print or type)

## B. SIGNATURE

Phillip H. Gover, Vice President

*Phillip H. Gover*

7-6-90

## X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information contained in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

## A. NAME (print or type)

## B. SIGNATURE



# State of Kansas

Mike Hayden, Governor

## Department of Health and Environment

### Division of Environment

Stanley C. Grant, Ph.D., Secretary

Forbes Field, Bldg. 740, Topeka, KS 66620-0002

Respond to: (913)

FAX (913) 296-6247

July 12, 1990

Chuck Trombold  
General Manager  
Hydrocarbon Recyclers, Inc.  
2549 North New York Street  
Wichita, Kansas 67219

Re: Part A Application and Notification of Hazardous Waste Activity Form  
EPA I.D. Number KSD007246846

Dear Mr. Trombold:

The Kansas Department of Health and Environment (KDHE) has received the revised Part A application and Notification of Hazardous Waste Activity form submitted by Hydrocarbon Recyclers, Inc. (HRI) on July 5, 1990.

The Part A application was amended to add the hazardous waste code of U056. Approval is thus given for container and tank storage of U056 hazardous waste at the Wichita HRI facility. As explained in your letter and our phone conversation of July 6, 1990, this waste stream was inadvertently accepted by HRI before the facility had added this code to the Part A. Please insure in the future, that HRI does not accept any waste codes not contained on the facility's Part A application. HRI should improve their waste acceptance procedures so as to verify the proper waste code of each waste stream before it is accepted at the facility. This will help to avoid situations of this nature in the future. In regard to the Notification form, our records will be modified to show the additional waste codes of U129, U056, and D036 for your facility.

PRINTED ON RECYCLED PAPER

Mr. Chuck Trombold  
July 12, 1990  
Page 2

If you have any questions concerning this letter, please call me  
at (913) 296-1612.

Sincerely,

Brenda Clark

Brenda Clark  
Environmental Engineer  
Hazardous Waste Section  
Bureau of Air and Waste Management

C      Roger Carman  
          Wes Bartley

hriu056.bc

# USPCI

A Subsidiary of  
Union Pacific Corporation

August 1, 1990

Wes Bartley  
US Environmental Protection Agency  
Region VII  
726 Minnesota Avenue  
Kansas City, Kansas 66101

Re: Hydrocarbon Recyclers, Inc. of Wichita (HRI)  
EPA I.D. No. KSD007246846

Dear Mr. Bartley:

This letter is notification that effective approximately August 8, 1990, Hydrocarbon Recyclers, Inc. of Wichita (presently operating under interim status) will begin accepting the newly identified wastes listed on the attached page. Please provide approval of this notification and advise if further action is required. A modified notification of regulated waste activity (EPA form 8700-12) as well as a modified Part A permit application (EPA form 8700-23) will be forwarded to you shortly.

If you require any additional information, please contact Catherine Orban at Hydrocarbon Recyclers, Inc., P.O. Box 9557, Tulsa, Oklahoma, 74157; telephone number 918/446-7434. Thank you for your assistance.

Sincerely,



Phillip H. Gover  
Vice President of Operations

cc: Brenda Clark, KDHE  
Chuck Trombold, HRI-Wichita  
Catherine Orban, HRI-Tulsa

RECEIVED
BUREAU OF
AUG 06 1990
AIR and WASTE MANAGEMENT

**Newly Identified Wastes Accepted by HRI-Wichita**

Hydrocarbon Recyclers, Inc. of Wichita (HRI)  
EPA I.D. No. KSD007246846

**Newly Identified Toxicity Characteristic (TC) Wastes**

D018 Benzene  
D019 Carbon tetrachloride  
D020 Chlordane  
D021 Chlorobenzene  
D022 Chloroform  
D023 o-Cresol  
D024 m-Cresol  
D025 p-Cresol  
D026 Cresol  
D027 1,4-Dichlorobenzene  
D028 1,2-Dichloroethane  
D029 1,1-Dichloroethylene  
D030 2,4-Dinitrotoluene  
D031 Heptachlor (and its hydroxide)  
D032 Hexachlorobenzene  
D033 Hexachloro-1,3-butadiene  
D034 Hexachloroethane  
D035 Methyl ethyl ketone  
D036 Nitrobenzene  
D037 Pentachlorophenol  
D038 Pyridine  
D039 Tetrachloroethylene  
D040 Trichloroethylene  
D041 2,4,5-trichlorophenol  
D042 2,4,6-trichlorophenol  
D043 Vinyl chloride

**Newly Identified Waste from Nonspecific Sources**

F039 Multi-source leachates

# HYDROCARBON RECYCLERS, INC.

WICHITA FACILITY  
2549 N. New York St.  
Wichita, KS 67219  
TLX (316)267-8155  
OFFICE: (316)267-5742

Brenda Clark  
Kansas Department of Health and Environment  
Bureau of Waste Management, Forbes Field  
Topeka, Kansas 66620-0001

August 14, 1990

Dear Ms. Clark

This Part A submittal increases our drum capacity to 170,000 gallons.  
These drums will be located in D, I, J buildings. If there are any questions  
please call.

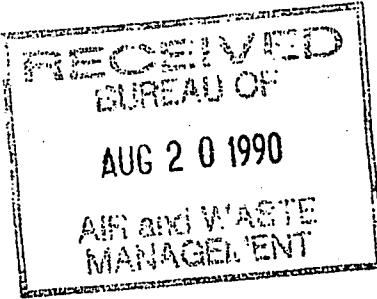
Sincerely,

*Chuck Trombold*

Chuck Trombold  
General Manager

attachments: Revised Part A

cc Cathy Orban-HRI, Tulsa





## CONTINUED FROM THE FRONT

## VII. SIC CODES (4-digit, in order of priority)

A. FIRST		B. SECOND	
7	(specify)	7	(specify)
15	16	15	16
7	(specify)	7	(specify)
15	16	15	16

## VIII. OPERATOR INFORMATION

A. NAME			
8 HYDROCARBON RECYCLERS INC. OF WICHITA			
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)		D. PHONE (area code & no.)	
F - FEDERAL S - STATE P - PRIVATE	M - PUBLIC (other than federal or state) O - OTHER (specify)	A 3 1 6	2 6 7 5 7 4 2
	(specify)	15	16 17 18 19 20
E. STREET OR P.O. BOX			
2549 N NEW YORK			
F. CITY OR TOWN		G. STATE	H. ZIP CODE
B WICHITA		K S	6 7 2 1 9
IX. INDIAN LAND			
Is the facility located on Indian lands?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)		B. PSD (Air Emissions from Proposed Sources)	
C T I	9 N	C T I	9 P
15 16 17 18	30	15 16 17 18	30
C. UIC (Underground Injection of Fluids)		E. OTHER (specify)	
C T I	9 U	(specify)	
15 16 17 18	30	15 16 17 18	30
D. RCRA (Hazardous Wastes)		F. OTHER (specify)	
C T I	9 R	(specify)	
15 16 17 18	30	15 16 17 18	30

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

HRI-Wichita blends solvents for beneficial use as cement kiln fuel and recycles dry cleaning solvents. HRI also channels waste solvents, solids, and water to other EPA approved facilities for distillation, beneficial reuse, or disposal.

HRI-Wichita also stores waste solvent, hydrocarbons, paint related wastestreams, solids, corrosive wastestreams, and water based wastestreams.

## XIII. CERTIFICATION (see instructions)

I certify, under penalty of law, that I have personally examined and am familiar with the information submitted in this application and all attachments, and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

## A. NAME &amp; OFFICIAL TITLE (type or print)

Phillip H. Gover, Vice President

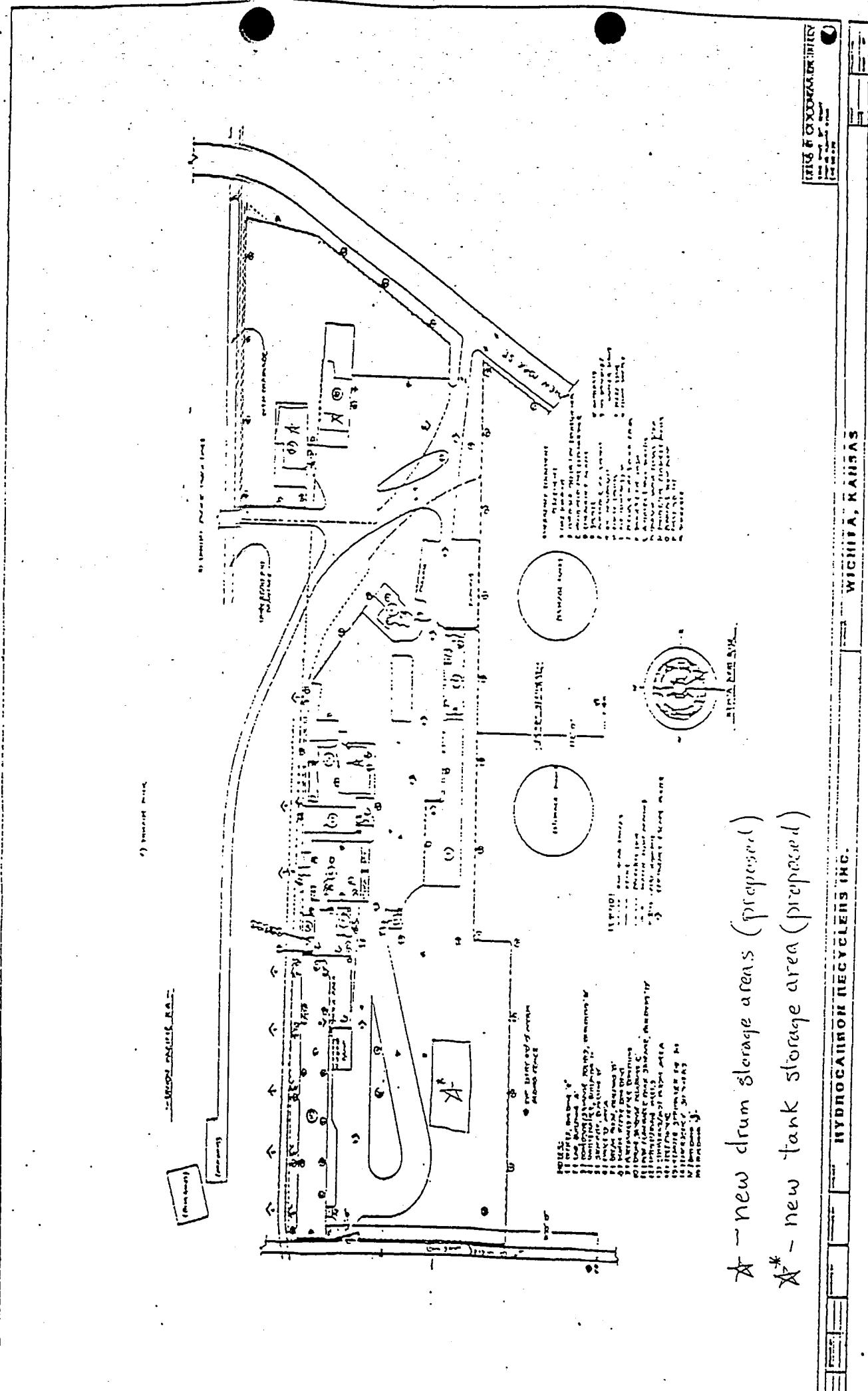
## B. SIGNATURE

## C. DATE SIGNED

8-14-91

## COMMENTS FOR OFFICIAL USE ONLY

C	
15 16	



\* - new drum storage area (proposed)

\* - new tank storage area (proposed)

Proposed

Existing

Drum



Continued from the front.

### III. PROCESSES (continued)

G. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

### IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart C for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS.....	P	KILOGRAMS.....	K
TONS.....	T	METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

#### D. PROCESSES

##### 1. PROCESS CODES:

For listed hazardous wastes: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

##### 2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

W Z JZ	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEA- SURE (enter code)	D. PROCESSES				E. PROCESS DESCRIPTION (if a code is not entered in D(1))
				T	O	3	D	
X-1	K 0 5 4	900	P	T	O	3	D	8 0
X-2	D 0 0 2	400	P	T	O	3	D	8 0
X-3	D 0 0 1	100	P	T	O	3	D	8 0
X-4	D 0 0 2							included with above

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 152-S20003

EPA I.D. NUMBER (Enter from page 1)				FOR OFFICIAL USE ONLY														
W	K	S	D	0	0	7	2	4	6	8	4	6	F	1	W	DUP	12	DUP
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																		
W Z I 2	A. EPA HAZARD WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEA- SURE (enter code)	D. PROCESSES														
				1. PROCESS CODES (Enter code)		2. PROCESS DESCRIPTION (If a code is not entered in D(1))												
1	F 0 0 1	140,000	P	S 0 1 S 0 2														
2	F 0 0 2	140,000	P	S 0 1 S 0 2														
3	F 0 0 3	220,000	P	S 0 1 S 0 2														
4	F 0 0 4	140,000	P	S 0 1 S 0 2														
5	F 0 0 5	220,000	P	S 0 1 S 0 2														
6	F 0 0 6	40,000	P	S 0 1 S 0 2														
7	F 0 1 9	40,000	P	S 0 1 S 0 2														
8	F 0 2 4	40,000	P	S 0 1 S 0 2														
9	F 0 2 5	100,000	P	S 0 1 S 0 2														
10	D 0 0 0 1	2,300,000	P	S 0 1 S 0 2														
11	D 0 0 0 2	275,000	P	S 0 1 S 0 2														
12	D 0 0 0 4	60,000	P	S 0 1 S 0 2														
13	D 0 0 0 5	60,000	P	S 0 1 S 0 2														
14	D 0 0 0 6	60,000	P	S 0 1 S 0 2														
15	D 0 0 0 7	60,000	P	S 0 1 S 0 2														
16	D 0 0 0 8	60,000	P	S 0 1 S 0 2														
17	D 0 0 0 9	120,000	P	S 0 1 S 0 2														
18	D 0 1 0	60,000	P	S 0 1 S 0 2														
19	D 0 1 1	60,000	P	S 0 1 S 0 2														
20	K 0 4 8	100,000	P	S 0 1 S 0 2														
21	K 0 4 9	100,000	P	S 0 1 S 0 2														
22	K 0 5 0	100,000	P	S 0 1 S 0 2														
23	K 0 5 1	500,000	P	S 0 1 S 0 2														
24	K 0 5 2	100,000	P	S 0 1 S 0 2														
25	K 0 8 5	200,000	P	S 0 1 S 0 2														
26	K 0 8 6	200,000	P	S 0 1 S 0 2														







Continued from the front.

#### IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)									
S	F	K	S	D	O	0	7	2	T/A/C
1	2	3	4	5	6	7	8	9	6

13 14 15

#### V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

#### VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures, existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

#### VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)					LONGITUDE (degrees, minutes, & seconds)				
3	7	4	3	50 N	9	7	1	9	06 W
65	66	67	68	69 - 70	72	73	74	75	76 - 77

#### VIII. FACILITY OWNER

A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER					2. PHONE NO. (area code & no.)								
E Hydrocarbon Recyclers, Inc					9	1	8	-	446-7434				
15	16	55	56	-	58	59	-	61	62	-	63		
3. STREET OR P.O. BOX					4. CITY OR TOWN					5. ST.	6. ZIP CODE		
F P. O. Box 9557					G	Tulsa	40	41	42	47	48	-	51
15	16	43	44	45	46	47	48	49	50	51	52	53	

#### IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
Phillip H. Gover, Vice President	<i>Phillip H. Gover</i>	8-14-92

#### X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED



RECEIVED

SEP 25 1990

PRMT-SECTION

September 24, 1990

Wes Bartley  
US Environmental Protection Agency  
Region VII  
726 Minnesota Avenue  
Kansas City, Kansas 66101

Re: Hydrocarbon Recyclers, Inc. of Wichita (HRI)  
EPA I.D. No. KSD007246846

Dear Mr. Bartley:

Enclosed find the revised Part A Permit application affected by the addition of the newly identified wastes. This information supplements the notification dated August 1, 1990 that effective approximately August 8, 1990, Hydrocarbon Recyclers, Inc. of Wichita (presently operating under interim status) would begin accepting the newly identified wastes indicated by the aforementioned notification. Please provide acknowledgment of this letter and advise if further action is required.

If you require any additional information, please contact Catherine Orban at Hydrocarbon Recyclers, Inc., P.O. Box 9557, Tulsa, Oklahoma, 74157; telephone number 918/446-7434. Thank you for your assistance.

Sincerely,

Phillip H. Gover  
Vice President of Operations

cc: Brenda Clark, KDHE  
Steve Keiter, HRI-Wichita  
Catherine Orban, HRI-Tulsa

FORM NO.

EPA-921

ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

GENERAL

EPA ID NUMBER

KS D 007246846 DATE  
10/10/87

Facility Name	Hydrocarbon Recyclers Inc.
Address	2549 New York
City	Wichita
State	KS
Zip	67219
Phone	(316) 267-5742
Fax	
Telex	
Other	

Facility Name	Hydrocarbon Recyclers Inc.
Address	2549 New York
City	Wichita
State	KS
Zip	67219
Phone	(316) 267-5742
Fax	
Telex	
Other	

GENERAL INFORMATION

It is your responsibility to make sure this information is complete and accurate. If you do not know the answer to a question, leave it blank. If you have any questions about this form, call the EPA at 1-800-424-5842. If you do not know the answer to a question, leave it blank. If you have any questions about this form, call the EPA at 1-800-424-5842.

IN ACCORDANCE WITH THE REQUIREMENTS OF THE  
COMPREHENSIVE ENVIRONMENTAL RESPONSE,  
RECOVERY AND TRANSPORTATION ACT OF 1980,  
THIS FORM IS TO BE COMPLETED IN ITS  
ENTIRETY. IF ANY PART OF THIS FORM IS  
INCOMPLETE, IT IS UNUSABLE. PLEASE REFER TO  
THE INSTRUCTIONS ON THE REVERSE SIDE  
FOR DETAILED INFORMATION.

X	
	X
X	
	X
X	
	X

X	
	X
X	
	X
X	
	X

NAME OF FACILITY

HYDROCARBON RECYCLERS INC. OF WICHITA

FACILITY CONTACT

KEITER STEPHEN FACILITY MGR 316 267 5742

FACILITY MAILING ADDRESS

2549 NEW YORK

KS 67219

WICHITA

2549 NEW YORK

SEDGWICK

WICHITA

KS 67219

SG

WASTE CODES /~~Identify in order of priority~~

A. FIRST

7 3 9 9

(specify) SOLVENT RECOVERY

(specify)

B. SECOND

7

(specify)

(specify)

C. THIRD

8

(specify)

(specify)

D. FOURTH

9

(specify)

(specify)

DISPOSAL INFORMATION

HYDROCARBON RECYCLERS INC. OF WICHITA

P (specify)

3 1 6 2 6 7 5 7 4 2

2 5 4 9 NEW YORK

WICHITA

K S 6 7 2 1 9

EXISTING ENVIRONMENTAL ISSUES

(specify)

(specify)

HRI-Wichita blends solvents for beneficial use as cement kiln fuel and recycles dry cleaning solvents. HRI also channels waste solvents, solids, and water to other EPA approved facilities for distillation, beneficial reuse, or disposal.

HRI-Wichita also stores waste solvent, hydrocarbons, paint related wastestreams, solids, corrosive wastestreams, and water based wastestreams.

A. NAME & OFFICIAL TITLE (type or print)

Phillip H. Gover Vice-President

B. SIGNATURE

C. DATE SIGNED

9-24-98



### III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

### IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D, for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS . . . . .	P	KILOGRAMS . . . . .	K
TONS . . . . .	T	METRIC TONS . . . . .	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

#### D. PROCESSES

##### 1. PROCESS CODES:

- For listed hazardous wastes: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
- For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.
- Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

##### 2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:**

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.**

LINE NO. 1-2	A. EPA HAZARD, WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEA- SURE (enter code)	D. PROCESSES					
				1. PROCESS CODES (enter)			2. PROCESS DESCRIPTION (if a code is not entered in D(1))		
X-1	K 0 5 4	900	P	T 0 3	D 8 0				
X-2	D 0 0 2	400	P	T 0 3	D 8 0				
X-3	D 0 0 1	100	P	T 0 3	D 8 0				
X-4	D 0 0 2								included with above

EPA I.D. NUMBER (enter from page 1)			FOR OFFICIAL USE ONLY							
5 W 1	K S D 0 0 7 2 4 6 8 4 6	W 1	13 14 15	13 14 15 21	13 14 15 21	2	DUP	26		
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)										
LINE NO.	A. EPA HAZARD, WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEA- SURE (enter code)	D. PROCESSES				2. PROCESS DESCRIPTION (If a code is not entered in D(1))		
				L	M	N	O			
1	F 0 0 1	140,000	P	S 0 1	S 0 2	T 5 4				
2	F 0 0 2	140,000	P	S 0 1	S 0 2	T 5 4				
3	F 0 0 3	220,000	P	S 0 1	S 0 2	T 5 4				
4	F 0 0 4	140,000	P	S 0 1	S 0 2	T 5 4				
5	F 0 0 5	220,000	P	S 0 1 1	S 0 2	T 5 4				
6	F 0 0 6	40,000	P	S 0 1	S 0 2					
7	F 0 1 9	40,000	P	S 0 1	S 0 2					
8	F 0 2 4	40,000	P	S 0 1	S 0 2					
9	F 0 2 5	100,000	P	S 0 1	S 0 2					
10	F 0 3 9	60,000	P	S 0 1	S 0 2	T 5 4				
✓ 11	D 0 0 1	2,300,000	P	S 0 1	S 0 2	T 5 4				
✓ 12	D 0 0 2	275,000	P	S 0 1	S 0 2	T 5 4				
✓ 13	D 0 0 4	60,000	P	S 0 1	S 0 2	T 5 4				
✓ 14	D 0 0 5	60,000	P	S 0 1	S 0 2	T 5 4				
✓ 15	D 0 0 6	60,000	P	S 0 1	S 0 2	T 5 4				
✓ 16	D 0 0 7	60,000	P	S 0 1	S 0 2	T 5 4				
✓ 17	D 0 0 8	60,000	P	S 0 1	S 0 2	T 5 4				
✓ 18	D 0 0 9	120,000	P	S 0 1	S 0 2	T 5 4				
✓ 19	D 0 1 0	60,000	P	S 0 1	S 0 2	T 5 4				
✓ 20	D 0 1 1	60,000	P	S 0 1	S 0 2	T 5 4				
21	D 0 1 8	60,000	P	S 0 1	S 0 2	T 5 4				
22	D 0 1 9	60,000	P	S 0 1	S 0 2	T 5 4				
23	D 0 2 0	60,000	P	S 0 1	S 0 2	T 5 4				
24	D 0 2 1	60,000	P	S 0 1	S 0 2	T 5 4				
25	D 0 2 2	60,000	P	S 0 1	S 0 2	T 5 4				
26	D 0 2 3	60,000	P	S 0 1	S 0 2	T 5 4				
27	38 37	30	39	37	39	37	39	37	39	37

EPA I.D. NUMBER (enter from page 1)				FOR OFFICIAL USE ONLY								
W	K	S	D	0	0	7	2	4	6	8	4	6
							1					
W									DUP			
										2	DUP	
												1
<b>IV. DESCRIPTION OF HAZARDOUS WASTES (continued)</b>												
LINE NUMBER (enter code)	A. EPA HAZARD, WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEA- SURE (enter code)	D. PROCESSES				E. PROCESS DESCRIPTION (if a code is not entered in D(1))				
				1	2	3	4	5	6	7	8	
1	D 0 2 4	60,000	P	S	0	1	S 0 2 T 5 4					
2	D 0 2 5	60,000	P	S	0	1	S 0 2 T 5 4					
3	D 0 2 6	60,000	P	S	0	1	S 0 2 T 5 4					
4	D 0 2 7	60,000	P	S	0	1	S 0 2 T 5 4					
5	D 0 2 8	60,000	P	S	0	1	S 0 2 T 5 4					
6	D 0 2 9	60,000	P	S	0	1	S 0 2 T 5 4					
7	D 0 3 0	60,000	P	S	0	1	S 0 2 T 5 4					
8	D 0 3 1	60,000	P	S	0	1	S 0 2 T 5 4					
9	D 0 3 2	60,000	P	S	0	1	S 0 2 T 5 4					
10	D 0 3 3	60,000	P	S	0	1	S 0 2 T 5 4					
11	D 0 3 4	60,000	P	S	0	1	S 0 2 T 5 4					
12	D 0 3 5	60,000	P	S	0	1	S 0 2 T 5 4					
13	D 0 3 6	60,000	P	S	0	1	S 0 2 T 5 4					
14	D 0 3 8	60,000	P	S	0	1	S 0 2 T 5 4					
15	D 0 3 9	60,000	P	S	0	1	S 0 2 T 5 4					
16	D 0 4 0	60,000	P	S	0	1	S 0 2 T 5 4					
17	D 0 4 1	60,000	P	S	0	1	S 0 2 T 5 4					
18	D 0 4 2	60,000	P	S	0	1	S 0 2 T 5 4					
19	D 0 4 3	60,000	P	S	0	1	S 0 2 T 5 4					
20	K 0 4 8	100,000	P	S	0	1	S 0 2 T 5 4					
21	K 0 4 9	1000000	P	S	0	1	S 0 2 T 5 4					
22	K 0 5 0	100,000	P	S	0	1	S 0 2 T 5 4					
23	K 0 5 1	500,000	P	S	0	1	S 0 2 T 5 4					
24	K 0 5 2	100,000	P	S	0	1	S 0 2 T 5 4					
25	K 0 8 5	200,000	P	S	0	1	S 0 2 T 5 4					
26	K 0 8 6	200,000	P	S	0	1	S 0 2 T 5 4					

EPA I.D. NUMBER (enter from page 1)									FOR OFFICIAL USE ONLY											
<b>W</b>	<b>K</b>	<b>S</b>	<b>D</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>2</b>	<b>4</b>	<b>6</b>	<b>8</b>	<b>4</b>	<b>6</b>	<b>T/A 5</b>	<b>W</b>	<b>DUP</b>	<b>T/A 5</b>	<b>2</b>	<b>DUP</b>	<b>T/A 5</b>	
13	14	15												13	14	15	23	24	25	26
<b>IV. DESCRIPTION OF HAZARDOUS WASTES (continued)</b>																				
<b>LINE NO. LN</b>	<b>A. EPA HAZARD- WASTE NO. (enter code)</b>	<b>B. ESTIMATED ANNUAL QUANTITY OF WASTE</b>	<b>C. UNIT OF MEA- SURE (enter code)</b>	<b>D. PROCESSES</b>																
				<b>1. PROCESS CODES (enter)</b>					<b>2. PROCESS DESCRIPTION (if a code is not entered in D(1))</b>											
				<b>33</b>	<b>34</b>	<b>35</b>	<b>36</b>	<b>37</b>	<b>38</b>	<b>39</b>	<b>40</b>	<b>41</b>	<b>42</b>	<b>43</b>	<b>44</b>	<b>45</b>	<b>46</b>	<b>47</b>	<b>48</b>	
1	U 0 0 2	60,000	P	S	O	1	S	0	2											
2	U 0 0 3	60,000	P	S	O	1	S	0	2											
3	U 0 0 4	60,000	P	S	O	1	S	0	2											
4	U 0 1 2	60,000	P	S	O	1	S	0	2											
5	U 0 1 9	60,000	P	S	O	1	S	0	2											
6	U 0 2 9	60,000	P	S	O	1	S	0	2											
7	U 0 3 1	60,000	P	S	O	1	S	0	2											
8	U 0 3 7	60,000	P	S	O	1	S	0	2											
9	U 0 4 3	60,000	P	S	O	1	S	0	2											
10	U 0 4 4	60,000	P	S	O	1	S	0	2											
11	U 0 4 5	60,000	P	S	O	1	S	0	2											
12	U 0 4 6	60,000	P	S	O	1	S	0	2											
13	U 0 5 2	60,000	P	S	O	1	S	0	2											
14	U 0 5 7	60,000	P	S	O	1	S	0	2											
15	U 0 6 6	60,000	P	S	O	1	S	0	2											
16	U 0 6 7	60,000	P	S	O	1	S	0	2											
17	U 0 6 8	60,000	P	S	O	1	S	0	2											
18	U 0 7 0	60,000	P	S	O	1	S	0	2											
19	U 0 7 1	60,000	P	S	O	1	S	0	2											
20	U 0 7 2	60,000	P	S	O	1	S	0	2											
21	U 0 7 5	60,000	P	S	O	1	S	0	2											
22	U 0 7 6	60,000	P	S	O	1	S	0	2											
23	U 0 7 7	60,000	P	S	O	1	S	0	2											
24	U 0 7 8	60,000	P	S	O	1	S	0	2											
25	U 0 7 9	60,000	P	S	O	1	S	0	2											
26	U 0 8 0	60,000	P	S	O	1	S	0	2											
				33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (Enter from page 1)							FOR OFFICIAL USE ONLY											
LINE NO.	A. EPA HAZARD WASTE NO. (Enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (Enter code)	D. PROCESSES														
				1. PROCESS CODES (Enter)			2. PROCESS DESCRIPTION (If a code is not entered in D(1))											
1	U 0 8 3	60,000	P	S 0 1 S 0 2														
2	U 0 8 4	60,000	P	S 0 1 S 0 2														
3	U 1 0 8	60,000	P	S 0 1 S 0 2														
4	U 1 1 2	60,000	P	S 0 1 S 0 2														
5	U 1 1 7	60,000	P	S 0 1 S 0 2														
6	U 1 2 1	60,000	P	S 0 1 S 0 2														
7	U 1 2 5	60,000	P	S 0 1 S 0 2														
8	U 1 2 7	60,000	P	S 0 1 S 0 2														
9	U 1 2 8	60,000	P	S 0 1 S 0 2														
10	U 1 2 9	60,000	P	S 0 1 S 0 2														
11	U 1 3 0	60,000	P	S 0 1 S 0 2														
12	U 1 3 1	60,000	P	S 0 1 S 0 2														
13	U 1 3 4	60,000	P	S 0 1 S 0 2														
14	U 1 3 8	60,000	P	S 0 1 S 0 2														
15	U 1 4 0	60,000	P	S 0 1 S 0 2														
16	U 1 5 1	60,000	P	S 0 1 S 0 2														
17	U 1 5 4	60,000	P	S 0 1 S 0 2														
18	U 1 5 9	60,000	P	S 0 1 S 0 2														
19	U 1 6 1	60,000	P	S 0 1 S 0 2														
20	U 1 6 5	60,000	P	S 0 1 S 0 2														
21	U 1 7 1	60,000	P	S 0 1 S 0 2														
22	U 1 8 4	60,000	P	S 0 1 S 0 2														
23	U 1 9 6	60,000	P	S 0 1 S 0 2														
24	U 2 0 7	60,000	P	S 0 1 S 0 2														
25	U 2 0 8	60,000	P	S 0 1 S 0 2														
26	U 2 0 9	60,000	P	S 0 1 S 0 2														

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)										FOR OFFICIAL USE ONLY													
1 W	K	S	D	0	0	7	2	4	6	8	4	6	1	W	D	U	P	2	D	U	P		
1	2						13	14	15				16	1	2				13	14	15	16	
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																							
LINE NO. 12	A. EPA HAZARD, WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEA- SURE (enter code)	D. PROCESSES																			
				1. PROCESS CODES (enter)					2. PROCESS DESCRIPTION (If a code is not entered in D(1))														
13	14	15	16	17	18	19	20	21	22	23	24	25	26	13	14	15	16	17	18	19	20		
1	U 2 1 0	60,000	P	S 0 1 S 0 2																			
2	U 2 1 1	60,000	P	S 0 1 S 0 2																			
3	U 2 1 3	60,000	P	S 0 1 S 0 2																			
4	U 2 2 0	60,000	P	S 0 1 S 0 2																			
5	U 2 2 5	60,000	P	S 0 1 S 0 2																			
6	U 2 2 6	60,000	P	S 0 1 S 0 2																			
7	U 2 2 7	60,000	P	S 0 1 S 0 2																			
8	U 2 2 8	60,000	P	S 0 1 S 0 2																			
9	U 2 3 9	60,000	P	S 0 1 S 0 2																			
10	U 2 3 4	60,000	P	S 0 1 S 0 2																			
11	U 3 5 9	60,000	P	S 0 1 S 0 2																			
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**IV. DESCRIPTION OF HAZARDOUS WASTES (continued)****E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

EPA I.D. NO. (enter from page 1)

F	K	S	D	0	0	7	2	4	6	8	4	6	T/R C
1	2	3	4	5	6	7	8	9	0	1	2	3	4
13	14	15											

**V. FACILITY DRAWING**

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

**VI. PHOTOGRAPHS**

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

**VII. FACILITY GEOGRAPHIC LOCATION**

LATITUDE (degrees, minutes, &amp; seconds)

LONGITUDE (degrees, minutes, &amp; seconds)

3	7	4	3	5	0	N
58	59	59	59	59	59	
58	59	59	59	59	59	

9	7	1	9	0	8	W
58	59	59	59	59	59	
58	59	59	59	59	59	

**VIII. FACILITY OWNER**

A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

E Hydrocarbon Recyclers, Inc.

9 1 8-4 6 6-7 4 3 4

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

F P.O. Box 9557

G Tulsa

OK

7 4 1 5 7

**IX. OWNER CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

Phillip H. Gover Vice-President

9-24-98

**X. OPERATOR CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

EPA REGION VII  
LAST UPDATE OF HWDMIS; 02NOV90

INSPECTION FORM FOR VERIFICATION OF HWDMIS

06NOV90

INSPECTOR.....

INSPECTION DATE(DDMMYY) .....

PLEASE CROSS OUT ANY INCORRECT INFORMATION AND WRITE IN CORRECTIONS.  
OF PARTICULAR INTEREST ARE THE PROCESS CODES

EPA ID NUM: KSD007246846  
FAC NAME: HYDROCARBON RECYCLERS INC. OF WICHITA  
CONTACT NAME: TROMBOLD, CHARLES  
FAC STREET: 2549 NEW YORK  
FAC CITY: WICHITA  
FAC STATE: KS  
FAC ZIP CODE: 67219  
PERMIT STATUS (C1105): OPERATING PERMIT CANDIDATE  
TSD UNIVERSE CLASSIFICATION (C305): TREATMENT/STORAGE  
FACILITY ACTIVITIES: TSD, GEN(>1000 KG/MO)  
MARKETS OR BURNS HAZARDOUS WASTE FUEL  
GENERATOR MARKETING DIRECT TO BURNER  
HANDLER MARKETING DIRECT TO BURNER

FAC PHONE: 3162675742  
OPERATOR NAME: HYDROCARBON RECYCLERS INC.  
MAIL STREET: 2549 NEW YORK  
MAIL CITY: WICHITA  
MAIL STATE: KS  
MAIL ZIP CODE: 67219

PROCESS - DESIGN CAPACITY - UNITS - VERIFICATION  
CODE CODE CODE

#S01- ✓ 132500.000 -G B \*S02 341000. G \*T54 500. E \*T31 10 E

ADD

-\*WASTE CODE - QUANTITY OF WASTE IN 1000 KILOGRAM/YR - CODES FOR PROCESSES USED TO HANDLE WASTE-

D018	*D001- ✓	-S01, S02, T54	*D002- ✓	-S01, S02, T54	*D004- ✓	-S01, S02, T54	-S01, S02, T54
D019	*D005- ✓	-S01, S02, T54	*D006- ✓	-S01, S02, T54	*D007- ✓	-S01, S02, T54	-S01, S02, T54
D020	*D008- ✓	-S01, S02, T54	*D009- ✓	-S01, S02, T54	*D010- ✓	-S01, S02, T54	-S01, S02, T54
D021	*D011- ✓	-S01, S02, T54	*F001- ✓	-S01, S02, T54	*F002- ✓	-S01, S02, T54	-S01, S02, T54
D022	*F003- ✓	-S01, S02, T54	*F004- ✓	-S01, S02, T54	*F005- ✓	-S01, S02, T54	-S01, S02, T54
D023	*F006- ✓	-S01, S02, T54	*F019- ✓	-S01, S02,	*F024- ✓	-S01, S02,	-S01, S02,
F025	*K048- ✓	-S01, S02, T54	*K049- ✓	-S01, S02, T54	*K050- ✓	-S01, S02,	-S01, S02, T54
F039	*K051- ✓	-S01, S02, T54	*K052- ✓	-S01, S02, T54	*K085- ✓	-S01, S02, T54	-S01, S02, T54
D024	*K086- ✓	-S01, S02, T54	*U002- ✓	-S01, S02,	*U003- ✓	-S01, S02,	-S01, S02,
D025	*U004- ✓	-S01, S02	*U012- ✓	-S01, S02	*U019- ✓	-S01, S02,	-S01, S02,
D026	*U029- ✓	-S01, S02	*U031- ✓	-S01, S02,	*U037- ✓	-S01, S02,	-S01, S02,
D027	*U043- ✓	-S01, S02	*U044- ✓	-S01, S02,	*U045- ✓	-S01, S02,	-S01, S02,

